

WEEKLY CLASS SCHEDULE
(B108810)

School District: _____

Student's name: _____

(circle one) Elem MS HS

Case manager's/Teacher's name: _____

Indicate ONLY Special Education, Related Services and Integrated Activities

DESE USE ONLY

Amount of time on IEP for:

Special Education _____

Related Services _____

Regular Education _____

TIME PERIODS	DAYS OF THE WEEK					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	<i>TOTAL</i>
Before School Services						
: to :						
: to :						
: to :						
: to :						
: to :						
LUNCH						
: to :						
: to :						
: to :						
: to :						
: to :						
: to :						
After School Services						
<i>TOTAL</i>						

Total minutes in school day: _____

COMMENTS: _____

DESE USE ONLY

Services implemented: ☐ Y ☐ N